

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A31330

1. Entity Name
CRAST MANAGEMENT, A LIMITED FAMILY PARTNERSHIP



Principal Place of Business
**2410 MARGOLIN LANE
 CLEARWATER, FL 33764**

Mailing Address
**2410 MARGOLIN LANE
 CLEARWATER, FL 33764**

2. Principal Place of Business
2818 SCOBEE DR

3. Mailing Address
2818 SCOBEE DR

Suite, Apt. #, etc.



02012005 Chg-LP CR2E003 (10/03)

City & State
PAZM HARBOR FL

City & State
PAZM HARBOR

4. FEI Number
59-3012720

Applied For
 Not Applicable

Zip
34683

Country
USA

Zip
FL

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIN, JERRY A.
 2410 MARGOLIN LANE
 CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARGOLIN, JERRY A. 2410 MARGOLIN LANE CLEARWATER, FL	STREET ADDRESS	2818 SCOBEE DR
NAME		CITY - ST - ZIP	PAZM HARBOR FL 34683
STREET ADDRESS		CITY - ST - ZIP	200054016722 05/06/05--01068--017 **141.25
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STREET ADDRESS		CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Jerry Margolin **Jerry Margolin** **4-4-05** **727-442-2193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #